



2008 Official Membership Dues Form

*** (Please print or type all information, including zip code) ***

Temple Name: _____ Unit Name: _____

Unit Head: _____ Title: () CMDR () Captian () Director () Other _____

Address: _____ City/State/Zip: _____ / ____ / _____ Phone: _____

Cell Phone: _____ E-mail: _____

*List your Unit members and their contract information *Print Legibly *Duplicate form if you need more space

<u>Name</u>	<u>Address</u>	<u>City/State/Zip Code</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____